REGISTRATION OF NOTICE OF COMMENCEMENT OF PATERNITY PROCEEDINGS FOR FATHERS OF CHILDREN BORN OUT-OF-WEDLOCK

INFORMATION

In order to claim rights of paternity, fathers of children born out-of-wedlock must commence proceedings to establish paternity AND file notice of his commencement of proceedings to establish his paternity with the Bureau of Health Policy and Vital Statistics, Idaho Department of Health and Welfare, 450 W. State Street – 1st Floor, P.O. Box 83720, Boise, Idaho, 83720-0036. The Idaho legislature passed a law (Section 16-1513, <u>Idaho Code</u>) to enable fathers of children born out-of-wedlock to declare their paternal rights and intent to support the child to the best of their ability. Registration should be done at any time prior to the birth of such child or at least prior to the date of any proceeding wherein the child is placed with an agency licensed to provide adoption services. If such fathers do not register, and the child is adopted, all paternal rights will be forfeited.

Forms for the registration are available at the offices of Local Registrars of Vital Statistics and County Clerks in every county and at the Bureau of Health Policy and Vital Statistics office in Boise. There is a registration fee of \$10.00 payable to Vital Statistics. Check or money order must accompany the completed registration form to the Vital Statistics office.

The legislature finds that the rights and interests of all parties affected by an adoption proceeding must be considered and balanced in determining what constitutional protections and processes are necessary and appropriate.

More information may be obtained from all Idaho adoption agencies, the county clerks in each county or the State Vital Statistics Unit, 450 W. State St. – 1st Floor, P.O. Box 83720, Boise, Idaho, 83720-0036, (208)334-5990.

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BUREAU OF HEALTH POLICY AND VITAL STATISTICS DEPARTMENT OF HEALTH AND WELFARE REGISTRATION OF NOTICE OF COMMENCEMENT OF PATERNITY PROCEEDINGS IDAHO CODE, SECTION 16-1513

Mail to: The State Registrar of Vital Records and Health Statistics
450 W. State Street, 1st Floor
P.O. Box 83720
Boise, ID 83720-0036

I,		, do declar	e that I am the natural father
of a child who was/or is due to be born on or abou	ıt		
to the natural mother	(Month)	(Day)	(Year)
	(First, Middle, Maiden Last No	ame)	·
Mother's current surname			
List any other names used by natural mother			
The last known mailing address of the natural mot	ther is		
	(Street Address)		
	(City, State, Zip Code)		
I have filed, with a court of competent jurisdict alleging that I am the father of the child; OR I h Section. AND, I have filed with that court a swor setting forth my plans for the care of the child, a connection with the mother's pregnancy and the connection.	ave filed a voluntary acknowledgment rn affidavit stating that I am fully ablund agree to a court order of child su	nt of paternity affice and willing to ha	davit with the Vital Records ave full custody of the child,
I hereby register my notice of commencement of include my willingness and intent to support, and will not alter the birth certificate. A check accompanies this notice. This ten dollars (\$10.00)	to establish a relationship with this ch or money order payable to Vital R	ild to the best of m ecords in the amo	y ability. I understand this
	Social Securi	ty Number	
(Signature of Putative Father) Other Name Used by Putative Father			
Date of Birth	State of Birth		
(Residence Address)	(Telephone Nu	mber)	(Work Number)
(Parents' address if Putat	tive Father is a Minor Person)		(Parents' Telephone No.)
Subscribed and sworn to before me this	day of		,
		SEAL	
(Notary Signature) Notary Public residing at			
My commission expires			